

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/534114

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	J						S1					
2		J						S2					
3	J							S3					
4		J						S4					
5	J							S5					
6		J						S6					
7	J							S7					
8		J						S8					
9	J							S9					
10		J						S10					
11	J							S11					
12		J						S12					
13	J							S13					
14		J						S14					
15	J							S15					
16		J						S16					
17	J							S17					
18		J						S18					
19	J							S19					
20		J						S20					
21	J							S21					
22		J						S22					
23	J							S23					
24		J						S24					
25	J							S25					
26		J						S26					
27	J							S27					
28		J						S28					
29	J							S29					
30		J						S30					
31	J							S31					
32		J						S32					
33	J							S33					
34		J						S34					
35	J							S35					
36		J						S36					
37	J							S37					
38		J						S38					
39	J							S39					
40		J						S40					
41	J							S41					
42		J						S42					
43	J							S43					
44		J						S44					
45	J							S45					
46		J						S46					
47	J							S47					
48		J						S48					
49	J							S49					
50		J						S50					
TOTAL IND.	J							TOTAL IND.					
TOTAL DEP.	J							TOTAL DEP.					
TOTAL CLAIMS	J							TOTAL CLAIMS					